



Professional Scholarship  
Application

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you a Professional as defined by USEF GR1308?**

Do you work with a trainer on a regular basis? **Yes** **No** (if No, then use Adult Amateur Form)  
**Yes** **No** If so Who? \_\_\_\_\_

**VOLUNTEER HOURS: (Minimum of 8 hours, does not need to be a NEWDA activity)**

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Event Organizer signature \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Event Organizer signature: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Event Organizer Signature: \_\_\_\_\_

**NEWDA MEETINGS ATTENDED: (Minimum of 2 Meetings)**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

(Meeting attendance will be confirmed with your chapter president)

Please attach an essay describing training completed, equestrian experience, goals for the future and how the scholarship will benefit the equestrian sport and NEWDA members. Send application and essay to:

Barb Pendleton  
W958 State Hwy 96  
Kaukauna, Wi 54130  
[halfdrafthaven@yahoo.com](mailto:halfdrafthaven@yahoo.com)  
920-766-3986